U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S.C 439 or 440.

For Office Use Day		
	( APR 52006 )	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Humbor U- 18/7	2. Fiscal Year Covered From:	
10111	1 /1 /2005 Through: 12/31 / 2005	
3. Name and address of person filing.	4. Name, file number and address of labor organization.	
Name	Name Sheet Metal Workers Local Union #10	
Gleg Andrist	Labor Organization File Number 516-361	
P.O Box, Bidg., Room No., if any	PO Box, Building and Room Number if any	
Street 1107 Rocky Creek Drive NE	Street 1681 East Cope Ave	
Cay Rochester	cay Maplewood	
State Minnesota ZP Code+4 55906	State Minnescha ZIP Code+4 55412	
5. Position in Labor organization.  Business Represen	tative	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name. If any).	7.a. Nature of Interest, Transaction, or Income			
Name				
Trade Name, if any				
P.O. Box, Bidg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZiP Code + 4				

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)				
Styred Lynna Can Oak	on 3/27/06	507-288-776b		

Name of Person Filing Greg Andrist	Filo Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name if any)	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, # any	b. Trust			
P O. Box, Eldg., Room No., if any	c. Employer			
Street				
City State ZIP Code + 4				
	11.a Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name	1170 (40000 01 4000000)			
Name  Trade Name   Kamp				
Trade Name, if any:  P.O Box, Bidg. Room No., if any				
Street				
City	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.			
State ZIP Codo + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.m. Nature of payment. Airfare for spouse to attend National Apprenticeship Contest			
Name Southern Minnesota Sheet Metal JATC Trade Name, Fany				
P O. Box, Bidg., Room No., if any				
Street 220 south Breedway Suite LL 1-H				
Cay Rochester				
State Minnesota ZIP Code+4 55904				
13.b. Is the Business an Employer or Consultant ?	<b>14.b. Amount of payment.</b> \$369 40			